

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF INDUSTRIAL ACCIDENTS

REVIEW CRITERIA
EFFECTIVE JULY 1, 1993

CRITERIA NUMBER 6 - ROTATOR CUFF REPAIR
SHOULDER

I. Narrative Description:

A. Rotator Cuff Repair

II. History/Symptoms:

A. Must meet the following:

1. Severe shoulder pain; **and**
2. Inability to raise shoulder

AND

III. Physical Findings:

A. Must meet **A** and **B** or **C**

1. Weak or absent abduction; **and**
2. Tenderness over rotator cuff; **or**
3. Pain relief with an injection of anesthetic for a diagnostic/therapeutic trial

AND

IV. Diagnostic Testing:

A. Must meet one of the following:

1. Positive MRI; **or**
2. Positive ultrasound; **or**
3. Positive findings on arthrogram; **or**
4. Positive findings on previous arthroscopy

AND

V. Failure to improve with outpatient therapy and conservative treatment for:

A. Acute cases - one to three weeks; **or**

B. Erosive cases

1. Three months if treatment is continuous; **and**
2. Six months if treatment is intermittent

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VI. Special Instructions:

- A. Cervical pathology and frozen shoulder syndrome should be ruled out prior to an operative procedure.*

VII. Level of Care Required:

- A. Inpatient*